

## AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, \_\_\_\_\_ hereby agree to the following:

- That I am voluntarily participating in holistic counseling offered by Breathtaking Holistic Counseling Services during which I will receive information and instruction about breathing, guided meditation, and simple yoga postures. I recognize that assuming simple yoga postures may require some physical exertion, which may be strenuous and may cause physical injury. I am fully aware of the risks and hazards involved.
- I understand that it is my responsibility to consult with a physician prior to beginning therapy regarding my participation in this holistic counseling. I represent and warrant that I am physically fit and I have no medical conditions that would prevent my full participation in holistic counseling.
- In consideration of being permitted to participate in holistic counseling, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of my participation.
- In further consideration of being permitted to participate in holistic counseling, I knowingly, voluntarily, and expressly waive any claim I may have against Breathtaking Holistic Counseling Services and its owners, actual and ostensible agents and/or employees for any injury or damages that I may sustain as a result of participating in holistic counseling.
- I, my heirs or legal representatives, forever release, waive, discharge, any and all claims based upon negligent acts of Breathtaking Holistic Counseling Services, its owner, actual and ostensible agents and employees.

I have read the above release and waiver of liability. I fully understand its contents, and I voluntarily agree to the terms and conditions stated above.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_